

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/789755  
APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
2	X					
3						
4	2			2		
5	2			2		
6	X					
7	X					
8	X					
9	X					
10	X					
11	X					
12	X					
13	X					
14	X					
15	X					
16	X					
17	X					
18	X					
19	X					
20	X					
21	X					
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47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	19	↓	17	↓		
TOTAL CLAIMS	24	22				

51	IND	DEP	IND	DEP	IND	DEP
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						